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FACSIMILE TRANSMITTAL SHEET

TO: MAIL STOP AMENDMENT

FIRM/COMPANY: USPTO, Group Art Unit 3742

FACSIMILE NUMBER: 571 273 8300

CONFIRMATION
TELEPHONE: 571.272.4786
FROM: Anne Marie Leavy, Patent Assistant to Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: August 17, 2005

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FILE NUMBER: Atty. Docket No. R0367-01601, Serial No. 10/658,911

TOTAL # OF PAGES: 6
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Response to the Office Action Mailed 05/18/05.

Please confirm receipt of this facsimile.

NOTE: Original will not follow

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **TISSUE SITE MARKERS FOR IN VIVO
IMAGING**

Serial No.: 10/658,911

Filed: September 10, 2003

Atty. Docket No.: R0367-01601

) Examiner: Joseph M. Pelham

) Group Art Unit: 3742

) **TRANSMITTAL**

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to 571-273-8300, addressed to Examiner Joseph M. Pelham, at Mail Stop
Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 17, 2005, in San Francisco, CA.

Ande Marie Leavy

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Response to Office Action Mailed 05/18/2005 and Terminal Disclaimer by Attorney.

2. Claim Fee Calculation

X No additional claim fee is required.
Amendment increases number of claims or multiple dependencies.

3. Additional fees: Terminal Disclaimer fee under 37 CFR 1.20(d).....\$55

Total Fees Due..... \$55

4. Payment of Fees

X Enclosed is a check for the total fees due in the amount of ____.
X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-01601.
A duplicate copy of this document is enclosed.

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